

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | T-G | | 7/9/01 |
| O.I.P.E. CLASSIFIER | MS | | 7/18/01 |
| FORMALITY REVIEW | HS | 1127 | 8/22/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

..... Rejected N Non-elected
 Allowed I Interference
 (Through numeral)... Canceled A Appeal
 Restricted O Objected

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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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50553 NL
8/22/01